

PART B - FEE(S) TRANSMITTAL

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30983 7590 10/04/2004

MCDONOUGH, HOLLAND & ALLEN

555 CAPITOL MALL

9TH FLOOR

SACRAMENTO, CA 95814

12/07/2004 MBIZUNE2 00000137 09966982

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02 FC:1504  
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Connie Evenich (Depositor's name)  
*Connie Evenich* (Signature)  
12-1-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/966,982	09/27/2001	Lori Jo Lehman	AQ 2018.20	7317

TITLE OF INVENTION: METABOLITE FROM STREPTOMYCES STRAIN NRRL ACCESSION NO. B-30145 AND MUTANTS THEREOF FOR CONTROLLING PLANT DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>no</del> yes	<del>\$430</del> 685.00	\$300	<del>\$1670</del> \$985.00	01/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WARE, DEBORAH K	1651	424-093400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McDonough Holland &  
Allen PC  
2  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AgraQuest, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Davis, California, U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2787 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Michelle L. Samonek*

Date

12/1/04

Typed or printed name

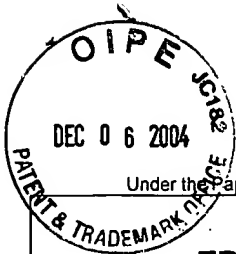
Michelle L. Samonek

Registration No.

54,421

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>Application Number</b>	09/966,982		
	<b>Filing Date</b>	September 27, 2001	
	<b>First Named Inventor</b>	Lori Jo Lehman	
	<b>Art Unit</b>	1651	
	<b>Examiner Name</b>	Deborah K. Ware	
<b>Total Number of Pages in This Submission</b>	3	<b>Attorney Docket Number</b>	34373/0140 (AQ 2018.20)

**ENCLOSURES (Check all that apply)**☒ Issue Fee Transmittal Form (in duplicate)☒ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/  
Incomplete Application☐ Response to Missing Parts  
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Provisional Application☐ Revocation of Power of Attorney with  
New Power of Attorney and  
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ After Allowance communication  
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Or

Individual name Michelle L. Samonek

Signature

Date

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Signature

Date

12/1/04

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